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## FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Technology Center 2636	Tracy M. Heims
COMPANY:	DATE:
U.S. Patent & Trademark Office	11/25/2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	19
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(571) 272-2978	003-03-017
RE:	YOUR REFERENCE NUMBER:
Amendment & Request for Reconsideration	10/623,450

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Included herewith: PTO/SB/21 Transmittal Form (1 page), Amendment and Request for Reconsideration (12 pages), Corrected Drawings (4 pages).

Please direct any questions concerning this application to Tracy M Heims at the phone number listed above.

Sincerely,

Tracy M Heims

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PTO/SB/97 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

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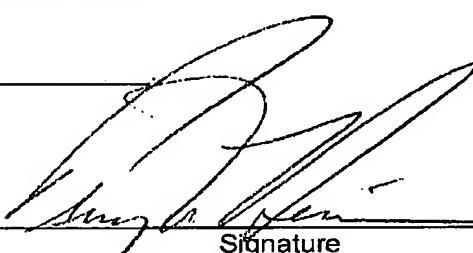
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1. PTO/SB/21 Transmittal form (1 page)
2. Amendment and Request for Reconsideration (12 pages)
3. Drawings (4 pages)

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FORM

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Total Number of Pages In This Submission

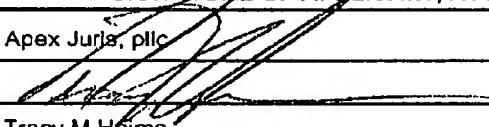
Application Number	10/623,450
Filing Date	07/21/2003
First Named Inventor	Chang-Ming Yang
Art Unit	2636
Examiner Name	Julie Bichngoc Lieu
Attorney Docket Number	003-03-017

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## ENCLOSURES (Check all that apply)

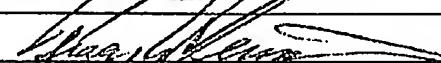
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Apex Juris, plc		
Signature			
Printed name	Tracy M Helms		
Date	11/25/2005	Reg. No.	53,010

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